

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly) STATE ETHICS COMMISSION PART I LOBBYIST NAME (Last) **TELEPHONE** (Middle) (First) Saunders III A. (808) 548-4811 Harry FAX (808) 548-2980 MAILING ADDRESS (Street) 680 Iwilei Road Suite 510 **EMAIL** (Zip Code) (City) (State) 96817-5389 Honolulu Hawai'i EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** N/A MAILING ADDRESS (Street) FAX **EMAIL** (City) (Zip Code) (State)

PART II ORGANIZATION							
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Castle & Cooke, Inc. MAILING ADDRESS (Street) 680 Iwilei Road Suite 510		TELEPHONE (808) 548-4811 FAX (808) 548-2980 EMAIL					
				(City)	(State)	(Zip Code)	
				Honoluly	Hawai'i	96817-5389	
				NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Harry A. Saunders III		(808) 548-4811					
MAILING ADDRESS (Street)		FAX (808) 548-2980					
680 Iwilei Road Suite 510		EMAIL					
(City)	(State)	(Zip Code)					
Honolulu	Hawai'i	96817-5389					

PART III DESCRIPTION	N OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBBY	<u> </u>
✓ Agriculture	✓ Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	✓ Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	🗹 Labor & Employment	☐ Transportation
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	✓ Housing	Public Safety & Corrections	
PART IV CERTIFICATION	ON OF LOBBYIST		
I hereby certify that th	ne information furnished abov	e is, to the best of my knowled	ge, correct and complete.
			January 7, 2013
(Signature of Lobbyist)			(Date)
PART V AUTHORIZAT	ION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Jon Uchiyama	Vice President & Assistant Treasurer		
NAME OF ORGANIZATION (if	applicable)		TELEPHONE
Castle & Cooke, Ir	nc.		(808) 548-4811
MAILING ADDRESS (Street)			FAX (808) 548-2975
680 lwilei Road Suite 510			EMAIL
(City)	(State)		(Zip Code)
(City)	,	Hawai'i	
Honolulu		!	96817-5389
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